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WEST SUFFOLK COUNTY COUNCIL

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR 1951

HENRY ROGER, M.A., M.B., Ch.B., D.P.H.,

County Medical Officer.

County Health Department,
Bury St. Edmunds.

To the Chairman and Members of the Health Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the Annual Report of the health services of the County of West Suffolk for the year 1951, the last full year during which as County Medical Officer I shall be responsible for the administration of the County Health Service.

The fifteen years since I took up my duties in this County have been momentous ones. Nearly half of them were war years, and the years since the war have seen great changes in the Health Service.

Before the war, schemes were being considered for the erection of a combined County Infectious Diseases Hospital and Sanatorium to provide more adequate accommodation for treatment than was hitherto available, and for the improvement of institutional conditions for the chronic sick and the aged and infirm. These schemes had to be abandoned in face of the more pressing problems that arose as a result of war-time conditions.

During the war years Civil Defence, including the organisation of the Civil Nursing Reserve, occupied much of the time of the staff of the Public Health Department. During these years, too, the Maternity and Child Welfare and School Health Services were called upon to serve the large number of evacuees who, from time to time, arrived in the County, and for whom also extra provision had to be made in the form of maternity accommodation, a hospital for minor infectious diseases, a sick-bay for children who could not be dealt with in billets, war-time nurseries and hostels for old people.

Some of the provisions made to meet emergencies had more permanent results than were foreseen at the time. Thus, White Lodge Hospital, the Public Assistance Institution at Newmarket, which, with the addition of 15 huts, was converted into a Class I (a) hospital under the Emergency Medical Service, developed as a general hospital after the war, and has now been taken over by the Regional Hospital Board to serve the surrounding area. Again the increase in the number of hospital beds for maternity cases necessitated by war-time conditions had to be maintained to meet the needs of a post-war generation suffering from a shortage of houses and of domestic help. The hostels set up to accommodate old people evacuated to this County, paved the way for the Homes for Old People which have now been established under the National Assistance Act, 1948. Even under the exigencies of the war-time years, notable advances were made by using accommodation at White Lodge Hospital for the setting up of permanent maternity and tuberculosis units under the supervision of specialists on the hospital staff.

The years since the war have been marked by the implementation of the Education Act, 1944, the National Health Service Act, 1946, the National Assistance Act, 1948, and the Food and Drugs (Milk and Dairies) Act, 1944. As a result of this legislation, the functions of the Health Department underwent a considerable change, the trend of which was to lay more emphasis on the preventive side of the Health Service and on welfare.

Throughout the period, progress has been maintained in such activities as the struggle for safe and clean milk, and the fight against diphtheria.

Arrangements for the immunisation of school children and pre-school children against diphtheria were initiated in 1941 and have continued since. It is pleasant to record that during the last three years, no child has suffered from this disease.

During the whole period, the general condition and physique of the school children has shown a steady improvement, and the infant mortality rate has fallen from 40.6 per 1,000 live births in 1937 to 25.9 in 1950. The general death rate is also tending to fall. In spite, therefore, of the anxiety, hardships and shortages of the war and post-war years, the general health of the people of West Suffolk appears to be as good, if not better, now than it was fifteen years ago.

During my years of work in this County I have been fortunate in receiving unstinted service from a loyal staff and the friendly co-operation of my colleagues in other Departments of the County Council.

I am grateful for the privilege of having served the West Suffolk County Council, and for the unfailing kindness and help and encouragement I have received from the former Chairman, Mr. Coster, and the present Chairman, Mr. McGeorge, and from all the members of the Health Committee.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

HENRY ROGER,

County Medical Officer of Health.

July, 1952.

STAFF OF THE COUNTY HEALTH DEPARTMENT.

County Medical Officer:

H. Roger, M.A., M.B., Ch.B., D.P.H.

Deputy County Medical Officer:

A. J. Rae, M.R.C.S., L.R.C.P., D.P.H.

Assistant County Medical Officers:

T. A. H. Smith, M.B., Ch.B.

G. P. Barclay, M.B., Ch.B., D.P.H. (Also M.O.H. of County Districts.)

P. Coggin Brown, M.R.C.S., L.R.C.P., D.P.H. (Also M.O.H. of a County District.)

Senior Dental Officer:

S. H. Pollard, L.D.S.

Superintendent Health Visitor:

M. P. Mullender, S.R.N., Certified Midwife, Health Visitors' Certificate.

Health Visitors and School Nurses:

At the end of the year ten full-time health visitors, one part-time health visitor, one school nurse, one dental attendant and one medical attendant were being employed.

Supervisor of Midwives:

O. E. Payne, S.R.N., Certified Midwife, Health Visitors' Certificate.

District Nurses:

At the end of the year forty-one district nurse-midwives and three part-time relief nurses were being employed.

Welfare Officers:

J. E. Bradshaw (from 23-7-51).

B. W. Cockell.

W. Gamble.

W. J. J. Tyrrell.

Welfare Officer for the Blind:

M. D. Gourlay.

Chief Sampling Officer (Food and Drugs Acts):

D. Thompson.

Home-help Organiser (hon.):

G. M. Penly-Cooper, M.B.E., S.R.N., Certified Midwife.

Administrative Officer:

D. Kilner.

Clerks:

At the end of the year fifteen clerks were being employed.

All the members of the medical, dental, health-visiting and most of the clerical staff were also employed in the school health service.

VITAL STATISTICS.

Area in Acres	..	..	..	..	..	..	..	..	390,916
Population (Estimated, 1951)—Urban	..	..	..	..	..	..	..	..	43,790
			Rural	..	..	..	..	..	80,410
Administrative County	..	..	..	..	..	..	..	..	124,200
Rateable Value	..	..	..	..	..	..	..	..	£544,589
Estimated Product of a Penny Rate	..	..	..	..	..	..	..	..	£2,173

Births.

Live Births :—

							<i>Total.</i>	<i>Males.</i>	<i>Females.</i>
Legitimate	..	..	..	..	..	..	1,779	929	850
Illegitimate	..	..	..	..	..	..	93	47	46
Total Births	..	..	..	..	..	..	1,872	976	896

The Birth Rate was 15.07 per 1,000 of the estimated population as compared with 16.3 for 1950.
The Birth Rate for England and Wales was 15.5.

Still Births :—						Total.	Males.	Females.
Legitimate	..	..	..	..	..	33	17	16
Illegitimate	..	..	..	..	..	3	2	1
Total Still Births	..	..	..	..	..	36	19	17

The Still Birth Rate was 0.29 per 1,000 of the estimated population as compared with 0.37 for 1950. The Still Birth Rate for England and Wales was 0.36.

Deaths.

All causes 1,595

The Death Rate was 12.84 per 1,000 of the estimated population as compared with 12.4 for 1950.
The Death Rate for England and Wales was 12.5.

Infant Mortality (under 1 year of age) :—

All infants per 1,000 live births	..	..	..	..	..	..	..	28.31
Legitimate per 1,000 legitimate live births	..	..	..	..	..	..	..	28.11
Illegitimate per 1,000 illegitimate live births	..	..	..	..	..	..	..	32.26
The Infant Mortality Rate for England and Wales was	..	..	..	..	..	..	..	29.6

Infant Mortality (under 4 weeks of age) :—

All infants per 1,000 live births	..	..	..	..	..	..	..	16.03
Legitimate per 1,000 legitimate live births	..	..	..	..	..	..	..	16.30
Illegitimate per 1,000 illegitimate live births	..	..	..	..	..	..	..	10.75

Maternal Mortality :—

Deaths from pregnancy, childbirth and abortions	..	..	..	..	..	..	..	2
Maternal Mortality Rate per 1,000 total births	..	..	..	..	..	..	..	1.07
The Maternal Mortality Rate for England and Wales was	..	..	..	..	..	..	..	0.79

Deaths from :—

Tuberculosis	..	..	..	..	..	..	..	..	27
Measles	..	..	..	..	..	..	..	..	—
Whooping Cough	..	..	..	..	..	..	..	..	3
Diphtheria	..	..	..	..	..	..	..	..	—

Principal Causes of Death :—

Heart Disease and Vascular Lesions	..	..	..	..	..	..	..	..	590
Cancer	..	..	..	..	..	..	..	..	220
Pneumonia and Bronchitis	..	..	..	..	..	..	..	..	153
Influenza	..	..	..	..	..	..	..	..	55
Accidents	..	..	..	..	..	..	..	..	53

Notifiable Diseases.

Final Notifications :—

Tuberculosis—Pulmonary	..	..	..	..	..	..	..	..	79
Non-Pulmonary	..	..	..	..	..	..	..	..	23
Scarlet Fever	..	..	..	..	..	..	..	..	43
Whooping Cough	..	..	..	..	..	..	..	..	437
Acute Poliomyelitis	..	..	..	..	..	..	..	..	8
Measles	..	..	..	..	..	..	..	..	482
Diphtheria	..	..	..	..	..	..	..	..	—
Acute Pneumonia	..	..	..	..	..	..	..	..	172
Dysentery	..	..	..	..	..	..	..	..	43
Smallpox	..	..	..	..	..	..	..	..	—
Acute Encephalitis	..	..	..	..	..	..	..	..	1
Typhoid and Paratyphoid Fevers	..	..	..	..	..	..	..	..	2
Erysipelas	..	..	..	..	..	..	..	..	18
Meningococcal Infection	..	..	..	..	..	..	..	..	3
Food Poisoning	..	..	..	..	..	..	..	..	1
Puerperal Pyrexia	..	..	..	..	..	..	..	..	22
Ophthalmia Neonatorum	..	..	..	..	..	..	..	..	—
Infective Hepatitis	..	..	..	..	..	..	..	..	30
Malaria	..	..	..	..	..	..	..	..	3

CARE OF MOTHERS AND YOUNG CHILDREN.

Health Visitors.

It was possible to fill some of the vacancies on the health visiting staff by the appointment in January of one full-time and one part-time officer and in September of another full-time officer. There is still, however, a vacancy on the establishment.

The additions to the staff have resulted in an increased number of visits being paid to mothers and young children. This number amounted to 30,808, and included 9,673 visits to children under one year of age, 21,089 to children between the ages of one and five years, and 46 to expectant mothers.

The number of "Problem Families" needing attention during the year has, unfortunately, not decreased. Although several have left the district and a few have ceased to be "Problem Families", others have come into this category. Health Visitors continue to make frequent visits to advise and help them. Such visits are usually lengthy, especially in the earlier stages, for, if the family is to be helped, the confidence of the mother and father must be won, and they must feel that the Health Visitor is genuinely interested and has time to hear about their troubles. It is now realised that these homes will need to be supervised over a period of years, as in the majority of cases the causes of the trouble are ignorance and mental weakness of one or both parents, resulting in inability to cope with life, especially life as it is today. Fortunately, in this County there is good liaison between the Health Department, the Children's Department, the Probation Officers, the National Society for the Prevention of Cruelty to Children, and the National Assistance Board, and frequent discussions take place between the officers concerned as to the best methods of helping individual families.

Infant Welfare Clinics.

Clinics were started during the year at Elmswell and Rougham, and at the end of the year twenty-six clinics were functioning throughout the County. The arrangements made for the hire of a bus to take mothers and children to Thurlow Clinic were continued throughout the year. Some 2,235 individual children attended the clinics.

The total number of attendances was 10,509, including 5,708 made by children under one year of age. 1,010 children, including 788 under one year of age, attended for the first time.

Women's Welfare Clinic.

The arrangements made with the Ipswich County Borough Council in 1950 whereby women, recommended by the County Medical Officer, on medical grounds, could attend the Clinic held at Allington House, Ipswich, have continued in force during 1951. The numbers of attendances were:

First Visits, 43; Re-visits, 29.

Nurseries and Child-Minders Regulations, 1948.

During the year two applications were received for the registration of premises as nurseries, and in each case the premises were registered. There were on 31st December, 1951, three registered nurseries providing for a total of thirty-seven children. No applications were received in connection with child-minders.

Dental Care.

The following is the report of Mr. Pollard, the Senior Dental Officer :—

"During 1951 the dental services in West Suffolk continued to be handicapped by the lack of Assistant Dental Officers. As a consequence, the service for mothers and young children suffered as much as the service for school children.

"As was the case in 1950, there has been no demand for treatment from expectant or nursing mothers, and no attempt has been made to stimulate the desire for treatment, although the need is undoubtedly great. Means are available for creating such a demand and can be put into operation as soon as treatment facilities are available.

"A small number of pre-school age children have been inspected and treated. The policy has been continued (where possible) of inspecting these children at regular intervals so that they may be free from dental sepsis when they start school life".

(a) Numbers provided with dental care :—

	<i>Examined.</i>	<i>Needing Treatment.</i>	<i>Treated.</i>	<i>Made Dentally Fit.</i>
Expectant and Nursing Mothers ..	—	—	—	—
Children under five	49	44	44	16

(b) Forms of dental treatment provided :—

	<i>Anaesthetics</i>		<i>Fil- lings.</i>	<i>Scalings or Scaling and gum treat- ment.</i>	<i>Silver Nitrate treat- ment.</i>	<i>Dress- ings.</i>	<i>Radio- graphs.</i>	<i>Dentures provided.</i>	
	<i>Exts.</i>	<i>Local</i>						<i>Com- plete.</i>	<i>Partial.</i>
Expectant and Nursing Mothers	—	—	—	—	—	—	—	—	—
Children under five	51	1	41	11	—	48	—	—	—

Care of Unmarried Mothers and their Children

In accordance with arrangements made with the St. Edmundsbury and Ipswich Diocesan Moral Welfare Association, 53 cases were referred to the Association during the year and reports were received on the action taken.

In 17 cases grants were made to the Association towards the maintenance of unmarried mothers in Homes to which they were admitted for care and training before and after the birth of their babies.

Care of Premature Infants.

A total of 80 premature births was recorded during the year, fifty-five of which took place in hospitals. Of the 25 domiciliary births, four were transferred to hospital. Sixteen of those nursed entirely at home survived the first month. All these 16 weighed over 4lb. 6ozs.

Specially equipped cots are provided, on loan, for domiciliary cases, when necessary.

MIDWIFERY AND HOME NURSING.

MIDWIFERY.

General.

The number of midwives practising in the County on 31st December, 1951, was 66. The number of cases attended during the year was as follows :—

	<i>Midwifery.</i>	<i>Maternity.</i>
County Domiciliary Midwives	540	133
Private Domiciliary Midwives	—	—
Institutional Midwives	952	251
Total	1,492	384

Domiciliary Service.

The County Nursing Association and District Associations continued to function throughout the year in an advisory capacity.

The County was divided into 37 districts and on 31st December, 1951, there were 44 nurses of the following types :—

Queen's Nurse-Midwives	14
Other District Nurse-Midwives	29
General Nurse	1

These numbers include one full-time and three part-time relief nurses.

Medical help was called by midwives in a total of 113 cases, in 99 of which the medical practitioner concerned had undertaken to attend the patient, if necessary, under the National Maternity Medical Services Scheme.

Sterilised Maternity Outfits.

Six hundred and eighty-two sterilised maternity outfits were supplied free in cases of domiciliary confinements.

Infectious Diseases of Special Nature.

Twenty-two cases of puerperal pyrexia were notified during the year, eighteen of which occurred in institutions. Twelve of these cases were notified during the last five months of the year.

There is an increase in the number of cases of puerperal pyrexia. This is accounted for by the change in the definition of puerperal pyrexia as laid down in the Puerperal Pyrexia Regulations, 1951, which came into force on 1st August, 1951.

These regulations state that "Puerperal Pyrexia" means any febrile condition occurring in a woman in whom a temperature of 100.4°F. or more has occurred within fourteen days after childbirth or miscarriage. Previously a case was not notifiable unless the temperature of 100.4°F. was sustained for 24 hours or recurred during that period.

No cases of ophthalmia neonatorum were notified.

Cars.

Many nurses prefer to own the cars they use, and as this has proved to be a very desirable arrangement, they have been encouraged to do so, availing themselves where necessary, of the County Council's Assisted Purchase Scheme. During the year one nurse obtained a car through the Ministry of Health Priority Scheme for Domiciliary Midwives.

Housing.

The housing position improved somewhat in 1951. A house and two bungalows have been allocated by Melford, Thingoe and Cosford Rural District Councils respectively to house four nurses and another house under construction in Cosford has been promised. The action of these Councils has been of considerable help in providing a nursing service for the areas concerned, and is much appreciated. In the previous year it had been necessary for the County Council to decide to build in two places where no Council houses were available but as these two houses are not yet ready for occupation the nurses concerned are still living in temporary accommodation. In several cases the County Council have agreed to build a garage where it was not possible to obtain one within reasonable distance of the nurse's house.

Pensions.

Three District Nurse-Midwives retired during 1951, and were given pensions in accordance with the Pension Scheme of the County Council and the County Nursing Association.

Post-Graduate Training.

Four District Nurse-Midwives attended Post-Graduate courses during the year.

The two nurses who started the Queen's Training in District Nursing in 1950, successfully completed the course in 1951.

HOME NURSING.

In addition to domiciliary midwifery the Home Nursing Service was undertaken by the District Nurse-Midwives. The total number of general visits paid was 68,319.

The Central Office of Information asked for permission to take photographs in this County to illustrate the various types of work undertaken by the Home Nurses in this country. A series of photographs were taken of three of the nurses going about their routine duties. These photographs will be widely displayed in the Dominions in certain magazines, and will also be used as posters.

VACCINATION AND DIPHTHERIA IMMUNISATION.

The arrangements for vaccination and diphtheria immunisation were continued and every endeavour was made through the medium of the Health Visitors, the Infant Welfare Clinics, the Schools, and the Registrars for publicity to be given to the facilities available.

The following statistics show the numbers of vaccinations and diphtheria immunisations carried out during the year :—

								<i>County Health Staff.</i>	<i>Private Practitioners.</i>
Vaccinations	..	..	..	..	..	..	..	3	1,084
Re-vaccinations	..	..	..	..	..	..	..	1	610
Diphtheria Immunisations :—									
Primary	..	..	..	..	..	..	..	790	958
Reinforcing doses	..	..	..	..	..	..	..	1,021	255

These numbers are less than the figures for the previous year. This may be accounted for by the fact that record cards relative to cases treated in 1949 were retained by certain medical practitioners until late in 1950 and were included in the returns for that year. The records are now, however, received without undue delay and the figures for 1951 give a true return of the inoculations actually performed during the year. The number of births during 1950 was 1,978.

Re-vaccinations have increased as a result, no doubt, of the outbreak of small-pox in another County.

PREVENTION OF ILLNESS AND CARE AND AFTER CARE.

Tuberculosis.

I am very happy to be able to report that the arrangement in this County for sharing with the East Anglian Regional Hospital Board the services of their Chest Physician, for duties in connection with the prevention of tuberculosis and the care and after-care of tuberculous patients, has proved most satisfactory. For this I am indebted to Dr. C. P. Hay, the Chest Physician, with whom the relationship of my Department has been most cordial, as indeed it has also been with Dr. J. B. Ewen, the Senior Administrative Medical Officer of the Board, in all matters in which the County Council and the Board are jointly concerned.

Dr. Hay's report on his work for the County Council during the year is as follows :—

“B.C.G.

The year 1951 has been notable for the survey of Contacts, especially child contacts, which has taken place as a part of the campaign for the immunisation of all susceptible contacts with B.C.G. vaccine.

This survey, started in the previous year, gained momentum during 1951. All but a few contacts in West Suffolk have now been tuberculin tested as well as X-rayed. Eighty-six susceptible contacts have been vaccinated with B.C.G. during the year, apart from 12 new born babies of tuberculous mothers.

These figures do not take into account the testing and vaccination of hospital nurses and other hospital workers which now takes place as a matter of routine.

Parents have proved only too anxious to have their children vaccinated with B.C.G. and no persuasion is ever required. In no case so far has a parent refused consent.

CONTACTS.

Of 663 Contacts examined during the year 10 were found to be suffering from active tuberculous lesions in the lungs. This demonstrates the importance of careful examination and follow up of contacts.

During surveys of the general population carried out by the Mass Radiography Unit in both Newmarket and Bury St. Edmunds, active cases found were less than 1 per 1,000 persons examined. This is a very low figure as compared with the country as a whole and is a matter for some feeling of satisfaction.

A major factor in the low incidence found is, I am sure, the easy access general practitioners have always had to radiological facilities in both Bury St. Edmunds and Newmarket. Practitioners have utilised the radiological facilities offered, so that the majority of cases of pulmonary disease come under notice relatively early.

The far greater incidence of disease in the Contact group as compared with that in the general population is noteworthy.

NON-PULMONARY TUBERCULOSIS.

A feature of the tuberculosis work in West Suffolk, as in other rural areas, is the relative frequency with which cases of tuberculous glands of the neck are met with in children. This form of tuberculosis has become very rare in large towns where the milk supply is pasteurised. The majority of cases in children are due to the drinking of tuberculous milk, and, although the number of notified cases is small, these lesions and other even more serious non-pulmonary lesions due to tuberculous milk, are preventable and should not occur. They are a constant reminder to us that milk from non-attested herds which has not been pasteurised is a grave potential danger.

CLINICS.

Preventive and after-care work has continued in the three Chest Clinics at Newmarket General Hospital, the West Suffolk General Hospital, Bury St. Edmunds, and St. Leonard's Hospital, Sudbury. Good radiological and other facilities are available at all these clinics and after-care and preventive work is carried on as part of the supervision of the members of the tuberculous household.

During the course of the year 41 Home Visits were paid by the Chest Physician.

At the present time the only Almoner in the area is situated at the West Suffolk General Hospital. A good Almoner, who can assist in solving the many problems which face the tuberculous patient and his family during the long period of treatment and after-care, is of the utmost value and further assistance on these lines would help greatly in the after-care work.

Miss Collins, as Tuberculosis Health Visitor, has been of the greatest service and helped considerably in the preventive and after-care work.

The British Red Cross Society have given valued help in a number of cases which were outside the scope of official sources of assistance.

SANATORIUM AND HOSPITAL BEDS.

The bed position for tuberculous patients is now such that no case should have to wait for admission to Sanatorium or Hospital more than a few days after the disease is diagnosed.

The maternity unit for tuberculous mothers, established at Newmarket General Hospital, has proved of great benefit. Treatment of the pulmonary condition is undertaken during the pregnancy and is continued after the birth of the child. The baby is isolated from the mother from birth and is vaccinated with B.C.G.

In general the year has been one of continued progress in the anti-tuberculosis campaign.

Improved methods of treatment in the individual case and B.C.G. vaccination of susceptible contacts offer great hopes for the future.”

One hundred and four cases of pulmonary tuberculosis were notified during 1951; this is a decrease of four on the corresponding figure for 1950 and is an increase of twenty-nine on that for 1949.

Cases of non-pulmonary tuberculosis notified during the year numbered twenty-four, which is an increase of one on the figure for the previous year.

During the year 27 deaths were recorded, 23 being pulmonary and 4 non-pulmonary cases. In the previous year there were 23 deaths comprising 17 pulmonary and 6 non-pulmonary cases.

I submit herewith a Table of New Cases reported in 1951, together with a summary of the deaths from tuberculosis in the area during the year.

NEW CASES AND DEATHS DURING 1951

New Cases.								Deaths.							
Age Periods.				Pulmonary.		Non-Pulmonary.		Age Periods.				Pulmonary.		Non-Pulmonary.	
				M.	F.	M.	F.					M.	F.	M.	F.
0	..	..		—	—	—	—	0	..	..		—	—	—	—
1	..	..		—	—	—	1	1	..	..		—	—	1	1
5	..	..		3	3	5	2	5	..	..		—	—	—	—
10	..	..		—	2	2	1								
15	..	..		2	6	—	3	15	..	..		3	4	—	1
20	..	..		7	11	—	1								
25	..	..		16	14	2	5								
35	..	..		9	7	—	—								
45	..	..		5	5	—	1	45	..	..		5	3	—	—
55	..	..		3	6	—	—								
65 and upwards				5	—	—	1	65	..	..		3	5	1	—
Totals	..			50	54	9	15	Totals	..			11	12	2	2

Other Types of Illness.

Patients discharged from hospital were referred by the hospital almoners to the County Health Department when the hospitals considered that the patients required care or after-care. In several cases the hospitals had lent the patients appliances which were returned as soon as arrangements by the Health Visitors or Welfare Officers could be made for their replacement by the British Red Cross Medical Loan Depots.

The arrangements made with the British Red Cross Society for the provision throughout the County of Loan Depots for nursing appliances have continued to function satisfactorily. The District Nurses report that they find the service of great use to their patients.

HOME HELP SERVICE.

The Home Help Service has continued to run smoothly. The number of Home Helpers on the Register shows a substantial increase, although in some of the country areas difficulty was still experienced in recruiting suitable women, and some applications for assistance have had, therefore, to be refused.

Miss G. M. Penly Cooper has continued throughout the year to act, in a voluntary capacity, as the Home Help Organiser. Her service, to which she has devoted a great deal of her time, has been much valued.

The total number of householders assisted was 144. Of these, 83 per cent. were aged persons, 6.25 per cent. maternity cases and 1.4 per cent. tuberculous cases. At the end of the year there were 60 Home Helpers on the Register and 50 householders were being assisted.

MENTAL HEALTH.

Administration.

The Suffolk County Joint Mental Health Board continued to perform the functions relating to Mental Health which devolve upon the East and West Suffolk County Councils.

The arrangements with the North East Metropolitan Regional Hospital Board and the East Anglian Regional Hospital Board for the supervision, by officers of the Joint Board, of patients on licence from mental hospitals, have been continued throughout the year. The arrangement, however, with the East Anglian Regional Hospital Board, for the part-time employment of their Psychiatric Social Worker by the Joint Board, was terminated on 30th June, 1951.

Lunacy and Mental Treatment Acts.

Admissions to Mental Hospitals.

During the year the Duly Authorised Officers of the Joint Board attended on the admission of 45 male and 47 female patients to Mental Hospitals. These numbers are comprised as follows :—

Under the Lunacy Act—						Males.	Females.
On certification	..	..	..	..	..	9	5
On three-day Orders under Section 20	..	..	..	..	..	8	12

<i>Under the Mental Treatment Act—</i>	<i>Males.</i>	<i>Females.</i>
As voluntary patients over the age of 16 years	26	29
As temporary patients	1	1
<i>Section 24, Criminal Justice Act, 1948</i>	1	—

The Welfare Officers, whose part-time services were available to the Joint Board to act as Duly Authorised Officers under the Lunacy and Mental Treatment Acts, in addition, gave much useful help to patients discharged from Mental Hospitals who needed assistance in coping with the problems involved in returning to normal community life.

Mental Deficiency Acts.

Ascertainment.

During the year 36 new cases (19 males and 17 females) were ascertained.

Admissions to Institutions.

The shortage of institutional accommodation for mental defectives has remained very acute. During the year arrangements were made for eight male and three female patients from West Suffolk to be admitted to Institutions for defectives. The numbers of West Suffolk cases remaining on the waiting-list on 31st December, 1951, were 16 males and 8 females.

Supervision.

The numbers of cases under supervision on 31st December were as follows :—

	<i>Males.</i>	<i>Females.</i>	<i>Total.</i>
Statutory Supervision	88	97	185
Friendly Supervision	25	18	43

Last year I reported that the services of the Welfare Officers had been utilised for patients under friendly supervision who did not need the attention of specialised officers. This arrangement proved so satisfactory that it has been extended to patients under statutory supervision.

Home Training.

The Home Training Scheme continued to develop satisfactorily and on 31st December 6 male and 36 female defectives were receiving training in their own homes. This work has proved of great value in affording occupation for defectives who would otherwise have no interest in life, and whose mental condition might have in consequence deteriorated.

Guardianship.

The only patient of West Suffolk origin under guardianship at the end of 1951 was a female, who has been in the care of her sister for some years.

AMBULANCE SERVICE.

The third full year in which the County Ambulance Service has operated has witnessed a general levelling-out in the use of the component Services, following the steady rise since the inception of the scheme.

The Service continued to be operated mainly through the agency of the Suffolk Branch of the British Red Cross Society and the friendly co-operation of the officers of the Society contributed to its efficiency. In the Haverhill area an ambulance was manned by a contracting garage at Haverhill, under the general supervision of the British Red Cross Society. By arrangement with the East Suffolk County Council, the Hadleigh area was served by that Authority's ambulance stations at Ipswich and Stowmarket.

Ambulance Service.

Statistics of the use of the Ambulance Service reveal that the total mileage is slightly down on last year's figures—1.8 per cent. in fact. Conversely, the number of journeys rose by 5.3 per cent. and the number of patients carried increased by 3.6 per cent.

A feature of these trends is the decrease in the number of long distance journeys, and the increase in that of short distance journeys. This may be due to an extension of hospitals services in the County so that it is less often necessary for patients to travel to distant hospitals to obtain treatment. The ratio of patients to journeys is somewhat less favourable than last year.

An arrangement was made with the Suffolk and Ipswich Fire Authority whereby as from 1st January, 1951, its Divisional Control at Bury St. Edmunds acted as Ambulance Control during evenings, nights, weekends and public holidays, for the Bury St. Edmunds, Sudbury, Haverhill and Mildenhall areas. (The remaining area of Newmarket continued to be operated separately.) This arrangement has worked smoothly and efficiently, and it is desired to pay tribute to the Fire Authority and to all ranks of the Fire Service who have made this possible.

One new ambulance was delivered during the year under review.

Owing to the recurring difficulty of obtaining the services of a paid part-time driver to reinforce the full-time driver at Sudbury, it became necessary to adopt a totally different approach in solving this problem.

Accordingly it was arranged for a contracting taxi-proprietor to assist in driving the second ambulance at Sudbury, and this has proved a sound arrangement.

Hospital Car Service.

The use of the Hospital Car Service has been on a slightly reduced scale. Compared with the previous year, mileage was down by 6.3 per cent., and the number of journeys fell by 6.9 per cent., while the number of patients carried fell by 7.5 per cent.

During a period when it is understood that admissions to, and attendances at, Hospitals were increasing, it is, perhaps, a tribute to the vigilance of those concerned with initiating and administering the Hospital Car Service, that, by ensuring that only cases unfit to travel by ordinary means were transported, they succeeded in steadying and even reversing the upward trend in the use of the Service without detriment to its efficiency. (A further rise, however, during the early months of 1952 is now causing concern.)

As a result of the ever increasing cost of petrol, repairs and renewals, it became necessary to raise the mileage rate paid to car drivers to 7d. as from 1st May, 1951.

The number of registered drivers at the end of the year was 72—roughly the same as at the end of last year. Once again it is a pleasure to praise these volunteer drivers for their co-operation, efficiency and forbearance. These qualities are indispensable in maintaining an efficient and effective service.

Private Taxis.

Use of private taxis formed a comparatively small, but nonetheless, vital part of the whole Service. Such transport was used primarily for mental patients, to a much less extent for sick or injured school children, and very occasionally for a case not needing an ambulance, but for whom special transport was needed at once. Use of such vehicles compared with last year fell and the mileage drop was 8.9 per cent.

General.

Rarely was it possible to forget the existence of Section 24 of the National Health Service (Amendment) Act, 1949. The steep rise in the ambulance mileage run for other Authorities can only be explained by the belief that greater use than heretofore has been made of hospitals in West Suffolk by patients from adjoining Counties. The reduction in the ambulance and car mileage run by other Authorities for this Authority is partly accounted for by an arrangement with the Cambridgeshire County Council whereby since 1st October, 1951, this Authority has been permitted to transport its own discharged patients (needing special transport) from Cambridge hospitals. This arrangement has worked well and, without sacrificing operational efficiency, has had the advantage of effecting some saving in cost.

Reciprocal Arrangements with other Authorities.

The arrangements for mutual assistance, and where necessary for joint action, were continued with the adjacent Counties of East Suffolk, Essex, Cambridgeshire, Isle of Ely and Norfolk.

The special arrangement with Essex County Council, whereby emergency calls from border parishes in Essex were served by this Authority's Ambulance Service, was continued.

Statistics.

AMBULANCES.

<i>Agency Services :—</i>	<i>Quarter Ended.</i>	<i>No. of Calls.</i>	<i>No. of Patients Carried.</i>	<i>No. of Emergency Calls.</i>	<i>Mileage.</i>
British Red Cross Society	31-3-51	1,400	1,479	150	35,298
(including Haverhill).	30-6-51	1,342	1,497	120	28,632
	30-9-51	1,374	1,648	187	29,156
	31-12-51	1,427	1,747	161	29,817
	Totals	5,543	6,371	618	122,903
East Suffolk County Council.	31-3-51	15	15	2	513
	30-6-51	26	26	—	757
	30-9-51	35	38	—	1,104
	31-12-51	32	33	1	1,018
	Totals	108	112	3	3,392
Total transported by Ambulance		5,651	6,483	621	126,295

SITTING CASE CARS.

	<i>Quarter Ended.</i>	<i>No. of Calls.</i>	<i>No. of Patients Carried.</i>	<i>No. of Emergency Calls.</i>	<i>Mileage.</i>
<i>Supplementary Service :—</i>					
Hospital Car Service.	31-3-51	1,490	2,102	—	49,815
	30-6-51	1,694	2,298	—	61,137½
	30-9-51	1,597	2,283	—	59,926
	31-12-51	1,726	2,523	—	64,049
	Totals	6,507	9,206	—	234,927½
Private Taxis,	31-3-51	18	18	18	1,300
	30-6-51	17	17	6	1,006
	30-9-51	16	16	2	1,496
	31-12-51	19	19	3	1,154
	Totals	70	70	29	4,956
Total transported by Sitting Case Cars		6,577	9,276	29	239,883½

NATIONAL HEALTH SERVICE (AMENDMENT) ACT, 1949, JOURNEYS.

For West Suffolk C.C.

By West Suffolk C.C.

<i>No. of Calls.</i>	<i>No. of Patients Carried.</i>	<i>Mileage.</i>	<i>No. of Calls.</i>	<i>No. of Patients Carried.</i>	<i>Mileage.</i>
AMBULANCES—					
64	66	3,206	95	104	3,212
HOSPITAL CAR SERVICE—					
165	176	7,689	18	19	907

INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply.

During the last 15 years considerable progress has been made along the road towards a safe milk supply.

In 1937, the milk producers in the County held 13 Tuberculin Tested licences. In 1949, when the responsibility for such licences passed to the Ministry of Agriculture and Fisheries, 149 licences were held. This indicates a slow but steady improvement in the standard of milk production. At the present time a rapidly increasing percentage of the milk consumed in the County is being treated in pasteurising plants, for the licensing of which the County Council is now responsible.

Pasteurising Plants.

At the beginning of the year there were five plants pasteurising milk in the County and these continued to function throughout the year. A sixth was licensed in November.

Regular visits of inspection were paid to all the plants, and they were all found to be satisfactory, with one exception. In this case the attention of the owner was repeatedly drawn to the inadequacy of the bottle washing machine and to the general unsatisfactory condition of the premises, and towards the end of the year he was warned that unless adequate improvements were carried out, his licence would not be renewed in the new year. He promised to make all the necessary alterations and undertook that three of the main items should be completed by 24th December. His licence was therefore renewed, but as he failed to carry out his promises, it had to be suspended early in 1952.

During the past year 175 samples of pasteurised milk were taken. No failures were recorded in the methylene blue test, but nine samples failed in the phosphatase test. In each of these cases the cause of the failure was investigated and, with the exception of the plant mentioned above, the defect was remedied and subsequent samples proved satisfactory.

Milk in Schools.

One-third of a pint of milk continued to be supplied, free of charge, to children on each school day throughout the year. The number of bottles of milk consumed on a day chosen at random in October was 10,792, representing some 74 per cent. of the school population. Efforts continue to be made

to encourage the drinking of milk and there seems to be little doubt but that the maintained school population is, on the whole, consuming more than it did before the war. Whenever possible, pasteurised tuberculin tested milk is supplied. Where this is not available, pasteurised milk is secured, and where this is not possible tuberculin tested milk is procured. Throughout 1951 there was only one school where none of these types was available. The number of children at this school was 29.

The Chief Sampling Officer and Inspector of Weights and Measures, Mr. Thompson, continues to be responsible, under the direction of the County Medical Officer, for the duties laid upon the County Council with regard to milk, and he supervises the supply of milk to schools. In many cases there is no alternative supply coming into the village, and Mr. Thompson has spent much time making arrangements for a satisfactory supply to be available. The setting up of the additional pasteurising plant in the autumn of the year has made this easier and it has been a help when the Local Sanitary Authority has insisted on the pasteurising of milk found to contain germs capable of causing disease in man.

The Chief Sampling Officer took 163 samples of milk supplied to schools. Of these, 122 were of pasteurised milk and 13 failed to pass the phosphatase test. In all these cases the cause of the failure was investigated, and in several it was found that raw milk had probably been supplied.

In 56 cases samples were submitted for a biological test. All were found to be free from tuberculosis but two were infected with brucella abortus. These two cases were referred to the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries for investigation. In one case the supplier undertook to provide heat-treated milk and in the other the supplies had already been changed.

All the samples taken were submitted to tests for fats and non-fatty solids. One appeared to be adulterated but a further sample taken from the same source proved to be "as the cow gave it".

Sale of Infected Milk.

During the year 257 samples were submitted for biological tests. Some of these were "repeat" samples, as in 23 cases the guinea-pigs died before the tests could be made. Seven samples were found to be infected with tuberculosis and 19 with brucella abortus. These were all referred to the Divisional Veterinary Inspector of the Ministry of Agriculture and Fisheries for investigation, and to the Medical Officer of Health of the local Sanitary District concerned. In all the cases of tuberculosis and in the majority of the cases of brucella abortus, the milk was not sold by retail but was sent to wholesale firms who pasteurised it. In these cases, however, the farmer and his family generally, and his employees often, consumed it raw. Every effort therefore was made to trace the source of the trouble and to prevent the use of milk from the infected animals.

(b) Food and Drugs Act, 1938, and Public Health (Preservatives, etc., in Food) Regulations.

During the year 427 samples were taken by officers of the Weights and Measures Department. Of this number, 60 were the subject of adverse reports. Therefore, whereas last year adverse reports represented 25.5 per cent. of the total samples taken, this year there is a welcome drop to 14.1 per cent.

Inevitably milk again formed the bulk of samples taken. Of the 311 samples, 40 were not genuine, and were made up as follows. Twenty-eight were deficient in fat, one was deficient in non-fatty solids, and in 11 samples water was added. Compared with last year adulterated or below standard samples fell from 27.4 per cent. of the total taken, to 12.8 per cent.

In many cases of low fat content it was subsequently found that the milk was "as it came from the cow", and consequently legally "genuine".

A few offenders were cautioned, and one was discharged on the payment of costs.

Six butchers were prosecuted for selling pork and beef sausages containing less than the legal minimum of meat. Of these, two were fined and made to pay costs, one was dismissed on the payment of costs, and three were cautioned.

The following case of imported table jelly crystals failing the setting test, is described in detail, because of its interest and importance. Proceedings were instituted against the Importer, and before the case was heard, a plea of Warranty was entered. The Warranty was given in Australia and the formalities complied with. It was submitted by Prosecuting Counsel that the Warranty was faulty because it guaranteed a less amount of sugar than the Standards Order allows, and therefore defendant ought to have taken the precaution of testing the crystals. Moreover, it was claimed that a Warranty given in Australia was never intended to relieve an Importer of his duty to see that goods imported by him were up to the standards laid down in this country.

The case was dismissed on the grounds that the Warranty was valid. In short, it is impossible to proceed against an overseas firm for a false Warranty.

This decision revealed an apparent defect in the Standards Order, of which the Labelling and Standards Division of the Ministry of Food are aware. Although it is not anticipated that the Order will be amended, it is believed that eventually it will be consolidated into the Food and Drugs Act. This would mean that the Warranty clauses in the Food and Drugs Act would apply to articles of food for which a standard had been fixed.

DETAILS OF SAMPLING.

<i>Nature of Sample.</i>	<i>Number taken.</i>	<i>Number adulterated or not up to standard.</i>
Cheese (Processed)	1	—
Coffee and Chicory Essence	1	—
Custard Powder	1	—
Dandelion Coffee Essence	1	—
Fish Cakes	1	—
Flour Mixture	1	—
Fruit Malt Syrup	1	—
Gooseberries (Tinned)	1	1
Ice Cream	23	—
Jam	1	1
Jelly and Jelly Crystals	11	9
Lemon Cheese	1	—
Lemonade Crystals and similar products	4	—
Malt Extract and Fish Oil	3	—
Marzipan	1	1
Milk (Condensed)	1	1
Milk	311	40
Milk Pudding (Tinned)	1	—
Mincemeat	16	1
Sausages and Sausage Meat	33	6
Shredded Suet	4	—
Soft Drinks	2	—
Spirits	6	—
Tomato Ketchup	1	—

NATIONAL ASSISTANCE ACT, 1948.

WELFARE OF THE AGED AND THE DISABLED.

Welfare Officers.

At the beginning of the year there were two Welfare Officers and one Assistant Welfare Officer on the staff of the Department in addition to the Welfare Officer for the Blind. Their work continued to increase in both variety and volume as they became more widely known to medical practitioners and other persons concerned with the welfare of the aged and the disabled, and to the general public. An additional Welfare Officer was therefore appointed on the staff of the Department and he took up duty on 23rd July, 1951.

Details of visits paid by Welfare Officers during the year, together with the comparable figures for the previous year, are as follows :—

	1950	1951
Visits to Aged and Disabled Persons, excluding blind persons	743	1,370
Visits to other persons	171	125
Totals	914	1,495

The Welfare Officers are also Duly Authorised Officers of the Suffolk County Joint Mental Health Board.

The practice of Welfare Officers visiting blind persons who are incapable of being trained in anything but, possibly, simple pastime occupations and generally need only welfare visits, was continued. Thus the Welfare Officer for the Blind, who is a qualified Home Teacher, was able to devote her time to blind persons who are trainable or who are in need of visits from a specialist welfare worker for the blind.

Welfare of the Disabled.

Shortly after the National Assistance Act came into operation in 1948, the County Council prepared a scheme, which was approved by the Minister of Health, for the provision of Welfare Services for the Blind and the Partially-Sighted. However, the preparation of schemes for the provision

of Welfare Services for handicapped persons other than the blind and for the partially-sighted was deferred pending the receipt by the Minister of Health of the recommendations of his Advisory Council for the Welfare of Handicapped Persons. These recommendations were received by the Minister towards the end of the year and circulated to local authorities. Draft schemes were considered by the County Council during the year, one for the provision of welfare services for persons who are deaf and dumb, and one for the provision of welfare services for handicapped persons other than the blind, partially-sighted and deaf or dumb. These schemes which will be submitted to the Minister of Health for approval early in 1952, are set out as Appendix "A" and Appendix "B" to this report.

These schemes mark an important development in the welfare services and will enable other classes of handicapped persons to benefit from a wide range of welfare services similar to those which the blind have enjoyed for many years.

Welfare of the Blind.

There were 247 registered blind persons in the County at the end of the year, the age groups being as follows :—

	0-4	5-10	11-20	21-30	31-39	40-49	50-59	60-64	65 and over	Total.
Male	1	—	—	5	2	6	11	14	65	104
Female	—	2	1	4	3	11	13	11	98	143
Total	1	2	1	9	5	17	24	25	163	247

The examination and certification of blind persons is undertaken by registered medical practitioners who have special experience in ophthalmology. Thirty-eight new cases were registered during the year.

The Welfare Officers paid 1,997 visits to blind people during the year and 64 lessons in Braille and Moon type were given.

Every new case placed on the register is immediately considered both from the point of view of training, which might enable him to take up a remunerative occupation, and instruction in Braille, Moon or handicrafts to enable him to overcome some of the effects of his disability. It will be appreciated after perusal of the above age table, that, by reason of their age at the onset of blindness, the majority of blind persons are unable or unwilling to undertake any form of instruction or training.

At the end of the year, 40 persons could read Braille and seven could read Moon, making a total of 47. Of this number, 24 were taught by the County Council's Home Teachers, and 23 were taught at Schools, St. Dunstons, etc. Sixteen persons who received instruction from the Home Teacher in either Braille or Moon proved to be unsuitable for instruction and the lessons were therefore discontinued. These persons received approximately six lessons each before instruction was discontinued.

The number of blind persons who can read Braille or Moon may appear small (approximately 19 per cent. of the register) but there are many reasons why the remainder have not learned or do not wish to learn to read. Old age has previously been mentioned and this is indeed the main reason. A number are mentally defective or of low mentality, or physically defective, *i.e.*, crippled with arthritis and thus unable to feel the dots. It will also be appreciated that persons who have only received a very elementary education have no desire to read or are unable to read other than the simplest words. With the advent of wireless and talking book machines, the inability of a blind person to read Braille or Moon is no longer the handicap it used to be, say, twenty-five years ago.

While training and employment, other than in sheltered workshops or home workers schemes, is provided through the Ministry of Labour, it is nevertheless the duty of the County Council to ensure that all disabled persons are assisted to overcome the effects of their disabilities and to receive the full benefits from the services which are available. Close liaison is thus maintained with the Ministry of Labour and the Placement Officers of the National Institute for the Blind to ensure that all employable blind persons are sent for rehabilitation and training as soon as possible. Many blind persons are not available for employment, *i.e.*, housewives, etc. One of the difficulties experienced in a rural County such as West Suffolk is that, in order to train for fresh employment and subsequently take up employment, it is necessary for the blind person to leave home. The nearest sheltered workshops, for instance, are at Norwich and Ipswich, and there is a great reluctance on the part of a man with a home in the country, who becomes blind in middle age, to move to another part of the County or even another County. Bury St. Edmunds, Sudbury and Newmarket are the largest centres of population, and even here there is little scope for absorbing blind people into industry, and transport presents difficulties. The last two cases who attended rehabilitation courses were single men who lived at Cavenham. On completion of their course, it was necessary for them to go out of the County to obtain employment in large factories and to live in lodgings. One must always look further than actual training as it would be useless to train a man if there were no suitable employment for him on completion of the training.

The arrangement with the Norwich Institution for the Blind for the supervision of the Home Workers is still in force. There were two such Workers, both basket makers, recognised under the scheme. One Home Worker, a Braille copyist and piano tuner, not supervised by the Norwich Institution for the Blind, was in receipt of augmentation of income from the County Council. Application was made to the Ministry of Labour and National Service for a grant under the Disabled Persons (Employment) Act, 1944, towards certain expenditure incurred in the employment of Blind Persons in Home Workers Schemes.

One person was maintained in an Institution for the Blind as a workshop employee. The County Council received a capitation grant from the Ministry of Labour and National Service towards the cost of his maintenance.

In addition to the recognised Home Workers, 13 persons were employed in remunerative occupations as follows: 1 agricultural worker, 1 basket worker, 1 boot repairer, 1 carpenter, 3 factory workers, 1 minister of religion, 1 netting maker, 2 telephone operators, 1 publican, and 1 caretaker.

One blind person attended a rehabilitation course at America Lodge, Torquay, under arrangements made by the Ministry of Labour and National Service, and he has now obtained employment in open industry outside the County.

Social gatherings, excursions and holidays for blind people have been arranged, and wireless sets, provided by the British Wireless for the Blind Fund, have been distributed.

Close touch has been maintained with the West Suffolk Voluntary Association for the Blind, who are able to provide those extras upon which much of the happiness of blind people depends, but which cannot be supplied through the statutory service. The wireless sets were maintained and 13 talking book machines have been supplied to blind people in the County. Other provisions varied from Braille watches to invalid food in cases of illness. Grants from the funds of the Association were made at Christmas time, to provide holidays, and in special circumstances.

Two members of the Health Committee represented the County Council on the Southern Regional Association for the Blind, to whom the County Council makes an annual grant.

Welfare of the Deaf and Dumb.

The County Council made a grant of £150 to the Suffolk Mission to the Deaf and Dumb, subject to the Mission submitting reports upon their activities. The Chairman of the Health Committee continued to act as the County Council's representative on the Committee of the Mission.

There were 56 deaf or deaf and dumb persons in the County known to the Mission, of whom six were children at Special Schools.

When the scheme for the provision of welfare services was considered, it was recommended that the services should be carried out directly by the County Council but that the Council should continue to co-operate with the Mission. Consequently it was decided that a grant of £50 should be made from the date on which the scheme, as approved by the Minister, comes into operation.

The County Council became affiliated to the South-East Regional Association for the Deaf.

Occupational Therapy.

Fourteen unemployable disabled persons were provided with various forms of occupational therapy. Several sales of articles made by blind and other disabled persons were held during the year, including a very successful sale and exhibition at the Suffolk Show at Rougham, near Bury St. Edmunds.

Welfare of the Aged.

Two members of the Health Committee were appointed to serve on the Suffolk Old People's Welfare Association, to whom the County Council made a grant of £10 during the year.

The Welfare Officers have assisted in forming Old People's Clubs in the County, and in certain special circumstances a grant of £50 was made to one Club towards the cost of the initial outlay.

A grant of £1 11s. 4d. was made to cover the loss incurred by a "Meals on Wheels Service" in supplying meals in one small area of the County.

Residential Accommodation.

The highlight of the year was the opening of the County Council's second Hostel for Aged Persons, Glanely Rest, Exning, near Newmarket. It is now hoped that there will be sufficient accommodation of this type to house all those old people in the county for whom such provision is required.

The County Council still occupies considerable accommodation, under joint-user arrangements, in premises belonging to the Regional Hospital Board, which is used for those old people who are too frail to be accommodated in hostels or who are anti-social.

The shortage of ground-floor accommodation in adapted premises is still very apparent, as most persons requiring residential accommodation are over 75 years of age, and many of them cannot climb stairs or can only do so with some difficulty or with assistance. Experience in this County has shown that a lift is required unless a very high proportion of the residents can be accommodated on the ground floor.



GLANELY REST.

In all types of residential accommodation there are residents who are not sufficiently ill to require Regional Hospital Board accommodation, but must spend short periods in bed throughout the year. Many residents also tend to get up during the night for many reasons, when, being half awake, they are liable to lose their bearings and stumble. Too much strain is placed on the day staff if they have to get up regularly during the night to tend to the requirements of the residents, or to investigate any movements, and the question of the appointment of a night attendant at both Bristol House and Glanely Rest may have to be considered during the coming year.

During the year, Contributory Old Age Pensions were increased from 26s. to 30s. per week, and it was decided, after very careful consideration, that residents should contribute the whole of this increase towards the cost of their maintenance in residential accommodation.

Various organisations and individuals have provided gifts, entertainment and other social activities which have been greatly appreciated by the residents in the establishments concerned.

Glanely Rest.

It will be remembered that these premises were given to the County Council by Mr. George C. Gibson, together with a cheque for £10,000 towards the cost of the adaptations. These adaptations were completed about the middle of the year and the first residents were admitted in July, the official opening in November being carried out by Mr. Gibson. Accommodation is provided for 56 residents of both sexes in single, double and three and four-bedded rooms, and an eight bed dormitory. Communal dining and sitting rooms are provided, together with three small kitchenettes for the use of the residents. Central heating has been installed throughout the building, and there are wash basins with hot and cold water in nearly every room. The Hostel is surrounded by 16 acres of parkland, and is situated near the centre of the village of Exning, easily accessible to Newmarket.

Mrs. R. A. Byrne, S.R.N., S.C.M., was appointed Matron, and she is assisted by a staff of 13, including an Assistant Matron, Cook, Assistant Cook, Kitchen-maid, 3 Orderlies, Handyman, Gardener/Groundsman, and the equivalent of 3 full-time domestics. The standard charge has been fixed at £4 4s. od. per week for the time being, although the majority of the residents are only in a position to pay the minimum contribution of 21s. per week in the case of non-contributory pensioners and 25s. per week in the case of contributory pensioners.

Bristol House.

Although Bristol House, Felixstowe, was first opened in September, 1950, the full accommodation for 46 aged persons of both sexes was not available until January, 1951. The Hostel continued to function satisfactorily during the year under Miss M. A. Burton, S.R.N., the Matron, and during the year the Chairman and Clerk of the Felixstowe Urban District Council were welcomed on a visit of inspection of the Hostel.

The standard charge for accommodation remained at £3 10s. od. per week, although as at Glanely Rest, the majority of the residents paid much less.

Cloncurry.

Cloncurry, Felixstowe, which was established as a residential and holiday Home for the Blind in conjunction with the East Suffolk County Council, the West Suffolk Voluntary Association, and the East Suffolk County Association for the Blind, provides accommodation for 20 blind persons, 12 from East Suffolk and 8 from West Suffolk. The question of building chalets to provide holiday accommodation was abandoned during the year.

Joint-User Institutions.

Residential accommodation continued to be provided in Regional Hospital Board premises at St. Mary's Hospital, Bury St. Edmunds, and, until November, 1951, at Walnuttree Hospital, Sudbury, which, on account of the number of infirm cases needing accommodation, had been used for this purpose since April, 1950. Shortly after the accommodation at Glanely Rest became available, however, it was possible to discontinue the use of the accommodation at Walnuttree Hospital.

One of the most pressing problems of today, and one which is not less apparent in West Suffolk than elsewhere, is the difficulty experienced in catering for the relatively large number of old persons who are commonly described as "too ill for Part III (Local Authority) Accommodation and not ill enough for Hospital (Regional Hospital Board) accommodation", and for those who pass between hospital and hostel at frequent intervals.

Prior to 5th July, 1948, no such difficulty arose as the Public Assistance Authority was responsible for all in need of assistance, whether they were classified as sick or non-sick. These old people who are falling between two authorities come from all walks of life. Many are so physically frail that they need a great deal of personal attention, while equally numerous are those who are failing mentally so that they require constant supervision and are a source of irritation to their fellows.

The type of accommodation and the attention needed is not what is usually provided either in a hospital or in a hostel. The chief difficulty lies not in determining what is needed, nor apparently in setting up and running suitable establishments, but in overcoming the problem of how to finance an institution, responsibility for whose inmates is shared indefinitely between two Authorities. By now however, the problem is widely recognised and it is hoped that, before long, some decision may

be taken at a national level which will enable suitable accommodation in very close proximity to a hospital to be provided for these people.

Other Accommodation.

The County Council made arrangements whereby persons for whom they accepted responsibility could be accommodated in the two Voluntary Homes for Aged Persons in the County, Red House, Sudbury, and Manson House, Bury St. Edmunds, accommodating approximately 25 and 18 residents respectively.

Accommodation was also provided in Voluntary Homes for Epileptics and for the Deaf and Dumb and by arrangement with Other Local Authorities.

Summary.

Details of residential accommodation provided on the 31st December, 1951, are as follows :—

St. Mary's Hospital, Bury St. Edmunds	114
Glanely Rest, Exning	56
Bristol House, Felixstowe	46
Red House, Sudbury	5
Manson House, Bury St. Edmunds	1
"Cloncurry", Felixstowe	8
Homes for Epileptics	3
Home for Deaf and Dumb Women	1
Maintained in Other Local Authorities' Homes	3
	<hr/>
	237

No-one was compulsorily removed to residential accommodation under Section 47 of the Act during the year.

Six Aged and Disabled Persons' Homes in the County, including the two voluntary homes mentioned above, with total accommodation for 90 persons, were re-inspected during the year and their registration continued.

Temporary Accommodation.

During the year temporary accommodation for persons in urgent need thereof was provided for three men, eight women and 16 children. Accommodation was usually provided at St. Mary's Hospital, Bury St. Edmunds, but in some cases the children were accommodated in Homes provided by the Children's Committee, the full cost of their maintenance being charged to the Health Committee.

Protection of Property.

Nine cases were dealt with by the County Council's Officers during 1951.

APPENDIX A.

NATIONAL ASSISTANCE ACT, 1948.

SCHEME FOR THE PROVISION OF WELFARE SERVICES UNDER SECTIONS 29 AND 30 FOR PERSONS WHO ARE DEAF OR DUMB.

The West Suffolk County Council, in exercise of their powers under sections 29 and 30 of the National Assistance Act, 1948, hereby make the following scheme under section 29 of the Act and submit the scheme to the Minister of Health for approval under section 34 thereof:—

CITATION AND INTERPRETATION.

- I. (1) This scheme may be cited as the National Assistance (Deaf and Dumb Persons) Scheme, 1952.
- (2) The Interpretation Act, 1889, shall apply to the interpretation of this scheme as it applies to the interpretation of an Act of Parliament.
- (3) In this scheme, the following expressions have the meanings hereby assigned to them:—
 - “handicapped person” means a deaf or dumb person who is in need of assistance under this scheme;
 - “the Act” means the National Assistance Act, 1948.
 - “the Council” means the West Suffolk County Council;
 - “the Minister” means the Minister of Health; and
 - “voluntary organisation” means a voluntary organisation for the time being registered in accordance with the Act, being an organisation having for its sole or principal object or among its principal objects the promotion of the welfare of persons to whom section 29 of the Act applies and having among its objects the promotion of the welfare of persons who are deaf or dumb.

PART I.

GENERAL.

2. (1) The Council shall promote the welfare of handicapped persons by making such provision as is authorised or required by the following provisions of this scheme.
- (2) In the exercise of their functions under this scheme the Council shall have regard to the need for providing services of different descriptions suited to the different descriptions of handicapped persons.
- (3) Any provision in this scheme for the provision of services by the Council shall be construed as a provision enabling the Council to provide the services either directly or by the employment as their agent of any voluntary organisation.
- (4) The Council may enter into an agreement with any other local authority which is duly providing any service which the Council are authorised or required by this scheme to provide for the use thereof by the Council on such terms, including terms as to the reimbursement of expenditure by that authority, as may be agreed.
- (5) The Council may enter into an agreement with any local authority authorised to provide a service which is being provided by the Council under this scheme for the use thereof by that authority on such terms, including terms as to the reimbursement of expenditure by the Council, as may be agreed.

REGISTER.

3. (1) The Council shall keep a register of handicapped persons who apply for assistance and whom the Council assist under this scheme, and shall include therein such particulars as the Minister may from time to time direct.
- (2) In the arrangements made for the admission to the register of the names of persons who apply to the Council as handicapped persons the Council shall ensure that any case in which an application is proposed to be refused and all cases of doubt shall be referred to the Medical Officer of Health.

SOCIAL WELFARE.

4. The Council, so far as reasonably necessary to meet the needs of handicapped persons, shall:—
 - (1) assist handicapped persons to overcome the effects of their disabilities and to obtain any available general, preventive or remedial medical treatment which they appear to require;
 - (2) give advice and guidance to handicapped persons on personal problems and in connection with any services, whether provided under any enactment or rendered by any voluntary organisation, which appear to be available to them and of which they wish to take advantage;

- (3) encourage handicapped persons to take part in the activities of social centres, clubs or institutions, whether provided by the Council under this scheme or otherwise, or provided or established by any other person under any enactment or otherwise; and
- (4) use their best endeavours to arrange for voluntary workers to visit handicapped persons with a view to affording them comfort and encouragement and assistance in the solution of domestic and other problems confronting them, and otherwise to assist in the carrying out of the purposes of this scheme.

5. In addition, the Council may:—

- (1) provide practical assistance for handicapped persons in their homes;
- (2) provide, or assist in obtaining, wireless, library and similar recreational facilities for handicapped persons;
- (3) provide for handicapped persons lectures, games and other recreational facilities in such social centres as aforesaid and elsewhere, and also outings;
- (4) provide, or arrange for the provision of, special religious services for handicapped persons desirous of taking advantage of the same;
- (5) provide facilities for, and assistance to, handicapped persons in travelling to and from their homes to participate in any of the services provided under this scheme; and
- (6) facilitate the taking of holidays by handicapped persons, in particular at holiday homes, whether provided by the Council under this scheme or otherwise, or provided or established by any other person under any enactment or otherwise, and if the Council so determine defray any expenses incurred in or in connection with the taking of such holidays.

SOCIAL CENTRES AND HOLIDAY HOMES.

- 6. (1) The Council may provide social centres and holiday homes for the purposes of this scheme.
- (2) Any social centre or holiday home so provided may be used also for the purposes of any other scheme made by the Council under section 29 of the Act.
- (3) Any social centre or holiday home provided by the Council under any such scheme as aforesaid may also be used for the purposes of this scheme.
- (4) Any social centre provided by the Council otherwise than under any such scheme as aforesaid may be used also for the purposes of this scheme.

WELFARE OFFICERS.

- 7. (1) For the discharge of the Council's functions under this scheme there shall be employed by or on behalf of the Council such number of Welfare Officers as the Council may from time to time determine;

Provided that no person employed as a Home Teacher of the Blind, whether qualified or not, shall be employed in connection with the discharge of the Council's functions under this scheme without the consent of the Minister at any time when:

- (a) the number of persons employed as Home Teachers of the Blind (both qualified and unqualified) is less than one-hundredth of the number of persons whose names appear on the Register of the Blind and the Register of the Partially-Sighted (taken together); or
 - (b) the number of persons so employed is less than one one-hundred-and-twentieth of the number of persons whose names appear on the said Registers, when added to the number of persons whose names appear on any other Registers maintained by the Council pursuant to schemes in force under section 29 of the Act, being persons in relation to whom the persons so employed perform duties under the said schemes.
- (2) The duties of Welfare Officers shall be such as the Council may determine for the purpose of securing the general welfare of handicapped persons, but shall include the following duties, and the duties of Welfare Officers shall be distributed amongst them in such manner as the Council shall determine:—
 - (a) to ascertain the existence of and the needs of handicapped persons;
 - (b) to visit handicapped persons in their homes, or elsewhere if necessary;
 - (c) to instruct handicapped persons in methods of overcoming the effects of their disabilities;
 - (d) to advise handicapped persons of any social, health or medical services or facilities, whether provided under any enactment or made available by any voluntary organisation, of which they appear to be in need and of which they wish to take advantage;
 - (e) to give special attention to the needs of handicapped persons suffering from multiple disabilities, in consultation, where necessary, with any officers of the Council who may be specially concerned with any one of those disabilities; and
 - (f) to organise social centres, classes and individual and other recreational facilities for handicapped persons, and to recruit voluntary workers to assist in the performance of this duty and to perform other duties in connection with the discharge of the Council's functions under this scheme.

- (3) Save as may be otherwise prescribed by regulations made by the Minister, Welfare Officers employed pursuant to paragraph (1) of this clause shall be persons holding a Diploma or Certificate in Social Science or a similar qualification in social work of a comparable character, or persons as respects whom the Council are satisfied that they enjoy a special aptitude for the work, possess a broad knowledge of the social services and some experience in the field of welfare, and have an understanding of the problems of deafness and the principles of deaf education.
- (4) The Council shall by arrangement with any voluntary organisation or otherwise endeavour to secure that handicapped persons who do not use speech as a normal method of communication are dealt with by persons who are conversant with manual language and other methods of communication alternative to normal speech.

TRAINING FACILITIES.

8. If any handicapped person applying for assistance under this scheme appears to be capable of benefiting from training under the Education Act, 1944, or the Disabled Persons (Employment) Act, 1944, and is desirous of taking advantage of such training, the Council shall take such steps as are practicable to assist him to that end.

EMPLOYMENT.

9. The Council shall take such steps as may be practicable, in consultation with the Minister of Labour and National Service, to assist any handicapped person to secure any work in trade, commerce, industry or a profession for which he appears to be fitted and which he is desirous of obtaining.

CHILDREN.

10. If any handicapped person who applies or in respect of whom an application is made for assistance under this scheme is a child in respect of whose needs it appears that action can more appropriately be taken in relation to him under any other enactment than the Act, the Council shall take the necessary steps to that end.

PERSONS NOT ORDINARILY RESIDENT IN THE AREA OF THE COUNCIL.

11. If a handicapped person applying for assistance under this scheme is not ordinarily resident in the area of the Council, he shall not be assisted under this scheme if the local authority of any area in which he may be so resident have a corresponding scheme, unless the Council and the other local authority concerned are satisfied that it would not be reasonable to assist him under such corresponding scheme as aforesaid.

PART II.

FURTHER DEVELOPMENT OF WELFARE SERVICES FOR HANDICAPPED PERSONS.

12. The Council shall keep under constant review the services provided in accordance with the provisions of Part I of this scheme, in consultation with any registered voluntary organisations or other bodies concerned, with a view to their progressive development, as circumstances permit, in such a way that:—
 - (1) the needs for assistance under this scheme of handicapped persons registered thereunder shall be adequately met;
 - (2) the number of Welfare Officers employed by or on behalf of the Council shall be sufficient to secure the efficient administration of the services provided under this scheme; and
 - (3) no Welfare Officer (other than a trainee) shall be employed in relation to a handicapped person who does not use speech as a normal method of communication unless that officer is fluent in manual language and other methods of communication as an alternative to normal speech.

APPENDIX B.

NATIONAL ASSISTANCE ACT, 1948.

SCHEME FOR THE PROVISION OF WELFARE SERVICES UNDER SECTIONS 29 AND 30 FOR HANDICAPPED PERSONS OTHER THAN THE BLIND, PARTIALLY-SIGHTED AND DEAF OR DUMB.

The West Suffolk County Council, in exercise of their powers under sections 29 and 30 of the National Assistance Act, 1948, hereby make the following scheme under section 29 of the Act and submit the scheme to the Minister of Health for approval under section 34 thereof:—

CITATION AND INTERPRETATION.

- I. (1) This scheme may be cited as the National Assistance (Handicapped Persons) (General) Scheme, 1952.
- (2) The Interpretation Act, 1889, shall apply to the interpretation of this scheme as it applies to the interpretation of an Act of Parliament.
- (3) In this scheme, the following expressions have the meanings hereby assigned to them:—
“handicapped person” means a person, not being a person whose only handicap is that he is a blind or partially-sighted person or is deaf or dumb, who is substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities as may be prescribed by regulations made by the Minister and who is in need of assistance under this scheme;
“the Act” means the National Assistance Act, 1948;
“the Council” means the West Suffolk County Council;
“the Minister” means the Minister of Health; and
“voluntary organisation” means a voluntary organisation for the time being registered in accordance with the Act, being an organisation having for its sole or principal object or among its principal objects the promotion of the welfare of persons to whom section 29 of the Act applies and having among its objects the promotion of the welfare of handicapped persons.

PART I.

GENERAL.

2. (1) The Council shall promote the welfare of handicapped persons by making such provision as is authorised or required by the following provisions of this scheme.
- (2) Any provision in this scheme for the provision of services by the Council shall be construed as a provision enabling the Council to provide the services either directly, or by the employment as their agent of any voluntary organisation.
- (3) The Council may enter into an agreement with any other local authority which is duly providing any service which the Council are authorised or required by this scheme to provide for the use thereof by the Council on such terms, including terms as to the reimbursement of expenditure by that authority, as may be agreed.
- (4) The Council may enter into an agreement with any local authority authorised to provide a service which is being provided by the Council under this scheme for the use thereof by that authority on such terms, including terms as to the reimbursement of expenditure by the Council, as may be agreed.
- (5) The powers conferred on the Council by clauses 6 and 10 of this scheme to provide sheltered workshops and hostels respectively shall be construed as including power for the Council, instead of providing the services, to enter into an agreement with any voluntary organisation which is rendering analogous services to the public for the use thereof by the Council on such terms, including terms as to the reimbursement of expenditure by the organisation, as may be agreed.
- (6) In the last preceding paragraph the expression “any voluntary organisation which is rendering analogous services to the public” shall be construed as including any such voluntary organisation as is mentioned in section 30 (1) of the Act which has for its sole object the promotion of the welfare of the blind, or of the blind and partially-sighted.

REGISTER.

3. (1) The Council shall keep a register of handicapped persons who apply for assistance and whom the Council assist under this scheme, and shall include therein such particulars as the Minister may from time to time direct.
- (2) In the arrangements made for the admission to the register of the names of persons who apply to the Council as handicapped persons the Council shall ensure that any case in which an application is proposed to be refused, and all cases of doubt shall be referred to the Medical Officer of Health.
- (3) In any case in which the Medical Officer of Health is in doubt whether an applicant is a handicapped person, the Council or the Medical Officer of Health, if he is generally or in any particular case or class of case authorised in that behalf, may at the expense of the Council obtain the advice of an appropriate specialist.

SOCIAL WELFARE.

4. The Council so far as reasonably necessary to meet the needs of handicapped persons shall:—

- (1) assist handicapped persons to overcome the effects of their disabilities, and to obtain any available general, preventive or remedial medical treatment which they appear to require;
- (2) give advice and guidance to handicapped persons on personal problems and in connection with any services whether provided under any enactment or rendered by any voluntary organisation, which appear to be available to them and of which they wish to take advantage;
- (3) encourage handicapped persons to take part in the activities of social centres, clubs or institutions, whether provided by the Council under this scheme or otherwise or provided or established by any other person under any enactment or otherwise;
- (4) use their best endeavours to arrange for voluntary workers to visit handicapped persons with a view to affording them comfort and encouragement and assistance in the solution of domestic and other problems confronting them, to accompany them to places of worship, social centres, clubs and similar places of recreation and otherwise to assist in the carrying out of the purposes of this scheme; and
- (5) use their best endeavours to secure the co-operation of the responsible bodies in facilitating the admittance of handicapped persons carried in wheel-chairs or spinal chairs to places of worship, entertainment or recreation and in making suitable provision for them while there.

5. In addition, the Council may:—

- (1) provide practical assistance for handicapped persons in their homes;
- (2) provide, or assist in obtaining, wireless, library and similar recreational facilities for handicapped persons;
- (3) provide for handicapped persons lectures, games and other recreational facilities in such social centres as aforesaid and elsewhere, and also outings;
- (4) provide facilities for, and assistance to, handicapped persons in travelling to and from their homes to participate in any of the services provided under this scheme;
- (5) assist handicapped persons in arranging for the carrying out of any works of adaptation in their homes or the provision of any additional facilities, designed to secure the greater comfort or convenience of such persons, and if the Council so determine defray any expenses incurred in the carrying out of any such works or in the provision of any such facilities; and
- (6) facilitate the taking of holidays by handicapped persons, in particular at holiday homes, whether provided by the Council under this scheme or otherwise, or provided or established by any other body under any enactment or otherwise, and if the Council so determine defray any expenses incurred in or in connection with the taking of such holidays.

WORKSHOP EMPLOYMENT.

6. (1) The Council may provide such sheltered workshops as the Minister may approve in which handicapped persons may be employed in suitable work, or may be trained in pursuance of the Disabled Persons (Employment) Act, 1944.
- (2) To the extent which the Minister may approve, the Council may utilise for the purpose of such employment as aforesaid any special workshops which the Council or any other local authority may have provided for the blind.
- (3) The Council shall in respect of their employment make such reasonable payments to handicapped persons employed in sheltered workshops pursuant to the provisions of this scheme as the Council may determine, after consultation, where necessary, with any other local authority or any voluntary organisation concerned.

HOME EMPLOYMENT.

7. (1) The Council may, with the approval of the Minister, assist under supervision handicapped persons who are capable of earning at least such reasonable weekly sum as the Council may determine, by the production of saleable goods or the rendering of useful services, to engage in activities to that end in their own homes, or elsewhere other than in sheltered workshops.
- (2) The Council shall make such reasonable payments to handicapped persons assisted under this clause, provided they are not in receipt of National Assistance grants, as the Council may determine, after consultation, where necessary, with any other local authority or any voluntary organisation concerned.

HANDICRAFTS, CRAFTS AND OTHER SKILLED ACTIVITIES.

8. (1) The Council may assist handicapped persons, not being persons assisted under clause 6 or clause 7 of this scheme, who are capable and desirous of engaging in any handicraft, craft or other skilled activity, to engage in that activity in their own homes, social centres or in any other place, not being a sheltered workshop.
- (2) No payment shall be made by the Council to any person assisted under this clause.

MARKETING OF PRODUCE.

9. (1) The Council shall sell or otherwise dispose of all goods produced by handicapped persons assisted under clause 6 of this scheme;

Provided that any goods so produced in sheltered workshops used for the purposes of this scheme under the management of another local authority or a voluntary organisation may be sold or otherwise disposed of by that authority or organisation.

- (2) The Council shall help handicapped persons assisted under clause 7 or clause 8 of this scheme to secure orders for their goods or services and to dispose of any saleable goods or other marketable articles produced by them.

HOSTELS, SOCIAL CENTRES AND HOLIDAY HOMES.

10. (1) The Council may provide hostels where handicapped persons assisted under clause 6 of this scheme may live.

- (2) Any hostel so provided may be used also for the accommodation of other persons who are employed in sheltered workshops provided under any other scheme made by the Council under section 29 of the Act and of other persons to whom arrangements under subsection (1) of that section relate and for whom work or training is being provided in pursuance of the Disabled Persons (Employment) Act, 1944.

- (3) Any hostel provided by the Council under any other such scheme as is mentioned in the last preceding paragraph for the accommodation of such persons as are therein mentioned may also be used for the accommodation of handicapped persons to whom paragraph (1) of this clause relates.

- (4) The Council may provide social centres and holiday homes for the purposes of this scheme.

- (5) Any social centre or holiday home so provided may be used also for the purposes of any other scheme made by the Council under section 29 of the Act.

- (6) Any social centre or holiday home provided by the Council under any such scheme as aforesaid may also be used for the purposes of this scheme.

- (7) Any social centre provided by the Council otherwise than under any such scheme as aforesaid may be used also for the purposes of this scheme.

EMPLOYMENT OTHERWISE THAN IN WORK OR ACTIVITIES PROVIDED DIRECTLY UNDER THIS SCHEME.

11. The Council shall take such steps as may be practicable, in consultation with the Minister of Labour and National Service, to assist any handicapped person to secure any work in trade, commerce, industry or a profession for which he appears to be fitted and which he is desirous of obtaining.

WELFARE OFFICERS.

12. (1) For the discharge of the Council's functions under this scheme (other than the carrying out of arrangements under clauses 6, 7 and 9 (1) thereof, or under clause 9 (2) thereof, except in relation to its operation in respect of persons assisted under clause 8 thereof) there shall be employed by or on behalf of the Council such number of Welfare Officers as the Council may from time to time determine:

Provided that no person employed as a Home Teacher of the Blind, whether qualified or not, shall be employed in connection with the discharge of the Council's functions under this scheme without the consent of the Minister at any time when:—

- (a) the number of persons employed as Home Teachers of the Blind (both qualified and unqualified) is less than one-hundredth of the number of persons whose names appear on the Register of the Blind and the Register of the Partially-Sighted (taken together): or

- (b) the number of persons so employed is less than one one-hundred-and-twentieth of the number of persons whose names appear on the said Registers, when added to the number of persons whose names appear on any other Registers maintained by the Council pursuant to schemes in force under section 29 of the Act, being persons in relation to whom the persons so employed perform duties under the said schemes.

- (2) The duties of Welfare Officers shall be such as the Council may determine for the purpose of securing the general welfare of handicapped persons but shall include the following duties, and the duties of Welfare Officers shall be distributed amongst them in such manner as the Council shall determine:—

- (a) to ascertain the existence of and the needs of handicapped persons;

- (b) to visit handicapped persons in their homes, or elsewhere if necessary;

- (c) to instruct handicapped persons in methods of overcoming the effects of their disabilities;

- (d) to encourage handicapped persons to participate in handicrafts, crafts and other skilled activities, and so far as practicable to instruct them or arrange for them to be instructed in the practice thereof;

- (e) to advise handicapped persons of any social, health or medical services or facilities, whether provided under any enactment or made available by any voluntary organisation, of which they appear to be in need and of which they wish to take advantage;

- (f) to give special attention to the needs of handicapped persons suffering from multiple disabilities, in consultation, where necessary, with any officers of the Council who may be specially concerned with any one of those disabilities; and
 - (g) to organise social centres, classes and individual and other recreational facilities for handicapped persons, and to recruit voluntary workers to assist in the performance of this duty and to perform other duties in connection with the discharge of the Council's functions under this scheme.
- (3) To such extent as may be necessary on account of lack of competence on the part of Welfare Officers employed pursuant to paragraph (1) of this clause, the Council shall use their best endeavours to provide the services of persons, whether as volunteers, part-time workers or workers in any other capacity, who are competent to instruct handicapped persons in the activities referred to in paragraph 2 (d) of this clause or any of them.
 - (4) Save as may be otherwise prescribed by regulations made by the Minister, Welfare Officers employed pursuant to paragraph (1) of this clause shall be persons holding a Diploma or Certificate in Social Science or a similar qualification in social work of a comparable character, or persons as respects whom the Council are satisfied that they enjoy a special aptitude for the work and possess a broad knowledge of the social services and some experience in the field of welfare.

TRAINING FACILITIES.

13. If any handicapped person applying for assistance under this scheme appears to be capable of benefiting from training under the Education Act, 1944, or the Disabled Persons (Employment) Act, 1944, and is desirous of taking advantage of such training, the Council shall take such steps as are practicable to assist him to that end.

CHILDREN.

14. If any handicapped person who applies or in respect of whom an application is made for assistance under this scheme is a child in respect of whose needs it appears that action can more appropriately be taken in relation to him under any other enactment than the Act, the Council shall take the necessary steps to that end.

PERSONS NOT ORDINARILY RESIDENT IN THE AREA OF THE COUNCIL.

15. If a handicapped person applying for assistance under this scheme is not ordinarily resident in the area of the Council, he shall not be assisted under this scheme if the local authority of any area in which he may be so resident have a corresponding scheme, unless the Council and the other local authority concerned are satisfied that it would not be reasonable to assist him under such corresponding scheme as aforesaid.

PART II.

FURTHER DEVELOPMENT OF WELFARE SERVICES FOR HANDICAPPED PERSONS.

16. The Council shall keep under constant review the services provided in accordance with the provisions of Part I of this scheme, in consultation with any voluntary organisation or other bodies concerned, with a view to their progressive development, as circumstances permit, in such a way that:—
 - (1) the needs for assistance under this scheme of handicapped persons registered thereunder shall be adequately met;
 - (2) the number of Welfare Officers, including persons especially engaged to teach handicrafts, employed by or on behalf of the Council shall be sufficient to secure the efficient administration of the services provided under this scheme.

